

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039166

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 463

FILED OCT 17 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0110				
2 1067				
3				
4 0				
5 1				
6				
7 1				
8 2				
9 X				
10				
11 016				
12 92-2				
13 10				

USE BLACK INK

OR

TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 5 Miles W. of Cape Gir. Length of stay in 1b ----		c. CITY OR TOWN SIKESTON Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. at Southeast Mo. Hospital Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2006 KENTUCKY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LEROY BLANKINSHIP		4. DATE OF DEATH Month Day Year JOSE 10, 1963	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-25-1935
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) HEAVY EQUIPMENT OPER. CONSTRUCTION (Highway)		11. BIRTHPLACE (City and state or country) SHARP COUNTY, ARK.	
13a. FATHER'S NAME GEORGE BLANKINSHIP		13b. MOTHER'S MAIDEN NAME PAULINE PINKSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT MRS. GENETTA BLANKINSHIP, Sikeston, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, crushed chest + Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Internal Injuries DUE TO (c) Interval BETWEEN ONSET AND DEATH Instant		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> Accident <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pinned & crushed between tractor seat & roller while	
20c. TIME OF INJURY Hour Month, Day, Year 2:15 a.m. 10-10-63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gardenville, Road.	20f. CITY, TOWN, OR LOCATION 5 mi. W. of Cape Gir.	COUNTY Cape	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. J. Frel Corpner		22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 11-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-13-1963	23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES	23d. LOCATION (City, town, or county) (State) SIKESTON, Missouri
24. FUNERAL DIRECTOR ADDRESS NUNNLEE FUNERAL CHAPEL, Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-63	26. REGISTRAR'S SIGNATURE James Kactan

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1963

NOV 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Finneley

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.